

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: DAVID F. WOODWARD, et al.

Serial No.: Pending

Filed: Herewith

For: **NOVEL PROSTAMIDES FOR THE  
TREATMENT OF GLAUCOMA AND  
RELATED DISEASES**

Examiner:

Group Art Unit:

Irvine, California



**NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER**

Mail Stop: Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 3 pgs
- (x) Specification (31 pages total) consisting of 39 Claims (5 pgs) Abstract (1 page)
- (x) Declaration/Power of Attorney
- (x) Assignment with Recordation Cover Sheet
- (x) Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV295682537US

Dated: 11/13/03

Brent A. Johnson  
BRENT A. JOHNSON  
Registration No. 51,851

**CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10**

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on **November 13, 2003** in an envelope as "Express Mail Post Office To Addressee" mailing label number EV295682537US with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: November 13, 2003

Susan Bartholomew  
Name of person mailing paper  
Susan Bartholomew  
Signature of person mailing paper

## NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **NOVEL PROSTAMIDES FOR THE TREATMENT OF GLAUCOMA AND RELATED DISEASES** by the following named inventors:

<b>1</b>	Full Name of Inventor	Last Name: <b>WOODWARD</b>	First Name: <b>DAVID</b>	Middle Name: <b>F.</b>	
	Residence and Citizenship	City: <b>Lake Forest</b>	State or Foreign Country: <b>California</b>	Country Of Citizenship: <b>United Kingdom</b>	
	Post Office Address	Post Office Address: <b>22736 Islamare Lane</b>	City: <b>Lake Forest</b>	State or Country: <b>California</b>	Zip Code: <b>92630</b>
<b>2</b>	Full Name of Inventor	Last Name: <b>BURK</b>	First Name: <b>ROBERT</b>	Middle Name: <b>M.</b>	
	Residence and Citizenship	City: <b>Laguna Beach</b>	State or Foreign Country: <b>California</b>	Country Of Citizenship: <b>U.S.A.</b>	
	Post Office Address	Post Office Address: <b>1337 Cerritos Drive</b>	City: <b>Laguna Beach</b>	State or Country: <b>California</b>	Zip Code: <b>92651</b>
<b>3</b>	Full Name of Inventor	Last Name:	First Name:	Middle Name:	
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 31 pages, 39 claims (5 pages) and an abstract (1 page).

Oath or Declaration

(X) Enclosed is a fully executed oath or declaration.

( ) Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$770.00	\$770.00
Total Claims	39 minus 20 =	19-	\$18.00	\$342.00
Independent Claims	04 minus 3 =	-1-	\$86.00	\$86.00
If application contains any multiple dependent claims, then add			\$290.00	\$ .00
<b>TOTAL FILING FEE</b>				<b>\$1198.00</b>

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

(X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.

( ) A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.

( ) A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.

( ) A properly labeled computer readable form of the Sequence Listing accompanies this Application.

(X) The Power of Attorney in this application is to Brent A. Johnson, Registration Number 51,851.

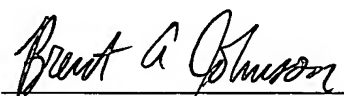
(X) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

Please address all future communications to:

BRENT A. JOHNSON  
Registration No. 51,851  
ALLERGAN, INC.  
2525 Dupont Drive, T2-7H  
Irvine, CA 92612  
Tel: 714-246-4348 Fax: 714-246-4249

Respectfully submitted,

Date: 11/13/03

  
Brent A. Johnson  
Registration No. 51,851  
Patent Agent of Record